



**REQUEST FOR MODIFICATION: Multiple Requests**  
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

**Grantee Information**

Grant Number: \_\_\_\_\_ Requested Date for Change: \_\_\_\_\_

Grantee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current		Proposed	
1. Administration	\$ _____	1. Administration	\$ _____
2. Books/Lab Fees	\$ _____	2. Books/Lab Fees	\$ _____
3. Tuition/Contract Services	\$ _____	3. Tuition/Contract Services	\$ _____

**Additional Requests for Changes**

Current		Proposed	
1. Outcomes: Type Brief Description Number		1. Outcomes: Type Brief Description Number	
2. Curriculum: Brief Description Number		2. Curriculum: Brief Description Number	
3. Training Provider: Name Address Contact		3. Training Provider: Name Address Contact	
4. Time Extension: Original End Date:		4. Time Extension: End Date:	
5. Number of Trainees:		5. Number of Trainees:	
6. Name Change: Employer Name Grantee Name		6. Name Change: Employer Name Grantee Name	
7. Remove / Add (a) Remove Employer(s) Employer Name: Address: City, State, ZIP Code: Name/ Phone FEIN: Number of Employees Number of Trainees Type of Training Number of Credentails		7. Add (a) Add Employer(s) Employer Name: Address: City, State, ZIP Code: Name / Phone FEIN Number of Employees Number of Trainees Type of Training Number of Credentails	
(b) Remove Grant Administrator Name: Address: City, State, ZIP Code: Phone/Email		(b) Add Grant Administrator Name: Address: City, State, ZIP Code: Phone/Email	

**REQUEST FOR MODIFICATION: Multiple Requests** *(continued)*

Grantee Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_

**Reasons for Modifications:**

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**Send To:**

**For Any Inquires Contact:**

ATTN: Market Development  
Indiana Department of Workforce Development  
10 N. Senate Avenue, SE205  
Indianapolis, IN 46204-2277

Brett Wineinger  
Email: Bwineinger@dwd.in.gov  
Phone: 317-233-5514  
Fax: 317-232-1821

**Applicant Authorization:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Internal Use Only</b>
Approved by: _____
Date: _____